

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2	1					
3	2					
4	1					
5						
6						
7						
8						
9						
10	1					
11	1					
12	1					
13	3					
14	1					
15	1					
16	1					
17	2					
18	1					
19	1					
20	1					
21	1					
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48						
49						
50						
TOTAL IND.	8					
TOTAL DEP.	8					
TOTAL CLAIMS	26					

CLAIMS	IND		DEP		IND		DEP		IND		DEP	
	51	52	53	54	55	56	57	58	59	60	61	62
59												
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100												
TOTAL IND.												
TOTAL DEP.												
TOTAL CLAIMS												